



GEORGIA DEPARTMENT OF HUMAN RESOURCES

Food Service Establishment Inspection Report

Establishment Name: Sperata On The Square Mobile Unit
Address: 100 N Peachtree Pky, Peachtree Crossing Shopping C

City: Peachtree City **Time In:** 10:15 am **Time Out:** 11:00 am

Inspection Date: 8/25/2010 **CFSM:** Postt by 11/1/10

Purpose of Inspection: Routine: ☒ Follow-Up: ☐ Complaint: ☐
Preliminary: ☐ Other: ☐

Risk Type: 1 ☐ 2 ☒ 3 ☐ **Permit#:** 2-99266

'Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Last Score
100

Grade
A

Date
7/14/10

CURRENT SCORE	CURRENT GRADE
99	A
SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory

Compliance Status					COS	R
1	IN	OUT	NA	NO	Supervision	
	<input checked="" type="radio"/>	<input type="radio"/>			1-2. Person in charge present, demonstrates knowledge, and performs duties	4 points
2	IN	OUT	NA	NO	Employee Health, Good Hygienic Practices, Preventing Contamination by Hands-Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>			2-1A. Proper use of restriction & exclusion	0 0
	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	2-1B. Hands clean and properly washed	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0 0
	<input checked="" type="radio"/>	<input type="radio"/>			Employee Health, Good Hygienic Practices-Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>			2-2A. Management awareness; policy present; reporting	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2B. Proper eating, tasting, drinking, or tobacco use	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2C. No discharge from eyes, nose, and mouth	0 0
	<input checked="" type="radio"/>	<input type="radio"/>			2-2D. Adequate handwashing facilities supplied & accessible	0 0
3	IN	OUT	NA	NO	Approved Source	9 points
	<input checked="" type="radio"/>	<input type="radio"/>			3-1A. Food obtained from approved source; parasite destruction	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3-1B. Food received at proper temperature	0 0
	<input checked="" type="radio"/>	<input type="radio"/>			3-1C. Food in good condition, safe, and unadulterated	0 0
4	IN	OUT	NA	NO	Protection from Contamination-Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-1A. Food separated and protected	0 0
	<input checked="" type="radio"/>	<input type="radio"/>			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Protection from Contamination-Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2A. Food stored covered	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2B. Food-contact surfaces: cleaned & sanitized	0 0

Compliance Status					COS	R
5	IN	OUT	NA	NO	Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5-1A. Proper cooking time and temperatures	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	5-1B. Proper reheating procedures for hot holding	0 0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Consumer Advisory-Subcategory 2	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		5-2. Consumer advisory provided for raw and undercooked foods	0 0
6	IN	OUT	NA	NO	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		6-1A. Proper cold holding temperatures	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1B. Proper hot holding temperatures	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	6-1C. Proper cooling time and temperature	0 0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	6-1D. Time as a public health control: procedures and records	0 0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Date Marking-Subcategory 2	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	6-2. Proper date marking and disposition	0 0
7	IN	OUT	NA	NO	Highly Susceptible Populations	9 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		7-1. Pasteurized foods used; prohibited foods not offered	0 0
8	IN	OUT	NA	NO	Chemicals	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		8-2A. Food additives: approved and properly used	0 0
	<input checked="" type="radio"/>	<input type="radio"/>			8-2B. Toxic substances properly identified, stored, used	0 0
9	IN	OUT	NA	NO	Conformance with Approved Procedures	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		9-2. Compliance with variance, specialized process and HACCP plan	0 0

GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R=Repeat (violation of the same code provision) = 1 point per

Compliance Status					COS	R
10	OUT	Safe Food and Water, Food Identification			3 points	
	<input type="radio"/>	10A. Pasteurized eggs used where required			0	0
	<input type="radio"/>	10B. Water and ice from approved source			0	0
	<input type="radio"/>	10C. Variance obtained for specialized processing methods			0	0
	<input type="radio"/>	10D. Food properly labeled; original container; required records available; shellstock tags			0	0
11	OUT	Food Temperature Control			3 points	
	<input type="radio"/>	11A. Proper cooling methods used; adequate equipment for temperature control			0	0
	<input type="radio"/>	11B. Plant food properly cooked for hot holding			0	0
	<input type="radio"/>	11C. Approved thawing methods used			0	0
	<input type="radio"/>	11D. Thermometers provided and accurate			0	0
12	OUT	Prevention of Food Contamination			3 points	
	<input type="radio"/>	12A. Contamination prevented during food preparation, storage, display			0	0
	<input type="radio"/>	12B. Personal cleanliness			0	0
	<input type="radio"/>	12C. Wiping cloths: properly used and stored			0	0
	<input type="radio"/>	12D. Washing fruits and vegetables			0	0
13	OUT	Postings and Compliance with Clean Air Act			3 points	
	<input checked="" type="radio"/>	13A. Posted: Permit/Inspection/Choking Poster/Handwashing			0	0
	<input type="radio"/>	13B. Compliance with Georgia Smoke Free Air Act			0	0

Compliance Status					COS	R
14	OUT	Proper Use of Utensils			1 point	
	<input type="radio"/>	14A. In-use utensils: Properly stored			0	0
	<input type="radio"/>	14B. Utensils, equipment and linens: properly stored, dried, handled			0	0
	<input type="radio"/>	14C. Single-use/single-service articles: properly stored, used			0	0
	<input type="radio"/>	14D. Gloves used properly			0	0
15	OUT	Utensils, Equipment and Vending			1 point	
	<input type="radio"/>	15A. Food & nonfood-contact surfaces cleanable, properly designed, constructed, used			0	0
	<input type="radio"/>	15B. Warewashing facilities: installed, maintained, used; test strips			0	0
	<input type="radio"/>	15C. Nonfood-contact surfaces clean.			0	0
16	OUT	Water, Plumbing and Waste			2 points	
	<input type="radio"/>	16A. Hot and cold water available; adequate pressure			0	0
	<input type="radio"/>	16B. Plumbing installed; proper backflow devices			0	0
	<input type="radio"/>	16C. Sewage and waste water properly disposed			0	0
17	OUT	Physical Facilities			1 point	
	<input type="radio"/>	17A. Toilet facilities: properly constructed, supplied, cleaned			0	0
	<input type="radio"/>	17B. Garbage/refuse properly disposed; facilities maintained			0	0
	<input type="radio"/>	17C. Physical facilities installed, maintained, and clean			0	0
	<input type="radio"/>	17D. Adequate ventilation and lighting; designated areas used			0	0
18	OUT	Pest and Animal Control			3 points	
	<input type="radio"/>	18. Insects, rodents, and animals not present			0	0

Person in Charge (Signature):

(Print)

Date: 8/25/2010 10:15:00 AM

Inspector (Signature):

Follow-up: Yes ☐ No ☒

Follow-up Date:

Food Service Establishment Inspection Report Addendum

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Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j)

Establishment Sperata On The Square Mobile Unit	Permit 2-99266	Date InspectionDate2
Address 100 N Peachtree Pky, Peachtree Crossing Shopping C	City/State Peachtree City, GA 30269	Zip Code 30269

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Smoker	212				
Hot sandwich	163				
Hot 1 lb container	165				
Cold sandwich chest Cooler	42				
Cold 1 lb container	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
S13	13-A Post most recent inspection, first aid for choking poster and CFSM. Post name/operator and contact number in 2" lettering. Complete by 9/4/10.

Person in Charge (Signature)	Date
Inspector (Signature)	Date 8/25/2010 10:15:00 AM

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Inspector (Signature) Date 8/25/2010 10:15:00 AM